	N	AISSOURI	יום	VISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -62-032250
	DEP.	ARTMENT OF AMENDED		Registration District No. 318 Primary Registration District No. Registrate No. 81.09 STATE FILE NUMBER
	ON THIS STUB	AMERDED		1. PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before the company of th
	VS 300 Rev. 4/59	DED		e. COUNTY  e. STATE  b. COUNTY  edmission)  b. CITY (If outside corporate limits, give TOWNSHIP only)  Length of stey in 1b  c. CITY  Inside Limit.
	,	AMENDED		b. CITY (If outside corporate limits, give TOWNSHIP only) CR TOWN ST. LOUIS TOWN ST. LOUIS TOWN ST. LOUIS TOWN ST. LOUIS
	1			c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location) Reside on Fall HOSPITAL OR
i L	2 22 69	DATE	╛┃	INSTITUTION FAITH HOSPITAL YES NO   15/6NEWHOUSE YES NO
	3			3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year OF DEATH 8 20 1962
	4 0			5. SEX 6. COLOR OR RACE 7. Married Never Married 8. DATE OF BIRTH 9. AGE (lest birthday) IF UNDER 1 YEAR IF UNDER 24
	5 2			Months Days Hours M  10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY
	6	S		RETIEMED CUTTING DIE MAKER DIE CO. ST. LOUIS, MO. USA  13a. FATHER'S NAME  13b. MOTHER'S MAIDEN NAME  14. NAME OF HUSBAND OR WIFE
	7 0	O1107		13. FATHER'S NAME  14. NAME OF HUSBAND OR WIFE  JAMES A. BARMAN  13b. MOTHER'S MAIDEN NAME  SUSIE E. BARMAN
	8 2	<u> </u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES?
	9	RE A		(Yes, no, or unknown) (If yes, give war or dates of service / SUSIE HIGGINS 4165 PLEASANT ST.
	10	₹	ENT	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) ACUTE CARDIAC FAILURE  3 DAYS
	11	ON O	DOCUMEN	
	1260-0	STEAD	2	Conditions, if any, which gave rise to DUE TO (b) ALTERIO SLEROFIC CARDIOU OSCULAT DUSTONE 10 928
	13	INST	_	above cause (a), stating the under- lying cause last.  DUE TO (c) Pulmonory Emphysima jays
		<u>z</u>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  PART III. If deceased was female there a pregnancy in last 90 there a pregnancy in last 90 there are pregnancy in las
	60	ENTS		Cerlege asflina - Received the Carbear Oscaryon ton 1 Yes 1 No 1 Unker
	•	NDWE		19. WAS AUTOPSY   20s. ACCIDENT SUICIDE HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART II of item 18.)  PERFORMED?  YES   NO 19
	Z	AWEN		20c. TIME OF Hour Month, Day, Year
	C INK RIBBON	₹		INJURY a.m.
				20d. INJURY OCCURRED WHILE AT WORK   100
	BLACK OR SITER F	READ	11	21. I attended the deceased from 3/28/55 to 8/20/6 wend last saw her him elive on 8/20/6.2
	E BI WRI	15 R		Death occurred at
	USE BLACK OR TYPEWRITER	SHOULD	Ö	226. SIGNATURE (Degree or title) 22b. ADDRESS (90) Madeson St 22c. DATE SIGNATURE (Degree or title)
	⊢		AVIT	23a. BURIAL CREMATON, 23b. DATE 23c. NAME OF CEMETERY OR CREMATOR 23d. LOCATION (City, town, or county) (State)
	 	ON .	AFFIDA	REMOVAL (ISSIGN)  REMOVAL VIX HOTOR 8-22-1962 PRESBYTARIAN CEM. FEST US MO.  24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26 EGISTER'S SIGNATURAL AND CEM.
		ITEM	BY A	SUEDMEYERY SANS 3934 N.20TH ST. 8-21-1962 Joan Smith . M. 10.

STATEMENT BY LICENSED EMBALMER

A CARLO CONTRACTOR OF THE CONT

White was a state of the state

or by			reverse side of this certificate was embalmed by me, Student Embalmer No
	ny personal supervision.		
Student	Signature of Student Embalmer	Signed	James James
	Signal Side Side Side Side Side Side Side Side		Licensed Embalmer Ng. 110
. و د <sup>د س</sup>			P. O. Address Stocks Mc

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

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July Carles Called Brook of the Million

If embalmed by a STUDENT, he also shall sign in his OWN, handwriting.

If this body is not embalmed, fact should be so stated above.

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